

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	7/12/01
FORMALITY REVIEW	SH	1085	6/19/01
RESPONSE FORMALITY REVIEW	ZM	927	09/19/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/12/01
2	✓	✓	7/12/01
3	✓	✓	7/12/01
4	✓	✓	7/12/01
5	✓	✓	7/12/01
6	✓	✓	7/12/01
7	✓	✓	7/12/01
8	✓	✓	7/12/01
9	✓	✓	7/12/01
10	✓	✓	7/12/01
11	✓	✓	7/12/01
12	✓	✓	7/12/01
13	✓	✓	7/12/01
14	✓	✓	7/12/01
15	✓	✓	7/12/01
16	✓	✓	7/12/01
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18	✓	✓	7/12/01
19	✓	✓	7/12/01
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46	✓	✓	7/12/01
47	✓	✓	7/12/01
48	✓	✓	7/12/01
49	✓	✓	7/12/01
50	✓	✓	7/12/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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REP  
856  
9/19/01